



The Importance of Training for Effective Performance

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ADEQUATE TRAINING probably contributes more than any other factor to the successful performance of auxiliary health workers. The literature contains numerous references that attest to the importance of training health workers (1-7). These articles and reports can be reviewed to obtain a fuller understanding of the justification for, and importance of, training.

In considering what adequate training is, we need to determine who should be trained, what areas of training should be covered, what methods and resources can be used, and who should conduct the training. Evidence from a recent study (8) indicates that, in actual practice, the nature and extent of training provided for health aides and the staff members who work with them vary widely. Training must be carefully planned and conducted. Moreover, it should be provided not only for health aides but for all personnel in the agency who play a role in the administration, training, and supervision of these aides.

Basic Assumptions About Training

In identifying the crucial areas of training and describing its implementation, I want to identify conditions which generally exist in health agencies where aides and other kinds of auxiliary workers are used.

1. The use of aides in American health programs is a relatively new concept. Health aides

have been extensively used in developing countries for the past two decades, but their use in the United States has grown only during the last 10 years.

2. Most agencies which have used health aides have employed only a few. There are frequently only one or two health aides in a program or agency, and often the aides work on a temporary basis or part time. Thus, in any single agency, the number of persons who require training is not large.

3. Few centers have been established for training health aides and the staffs who supervise them. The health agency must therefore accept responsibility for providing whatever training is required. In this respect, the training of aides is different than the training of professionals. Professionals who come to the agency from an established educational institution are already prepared, at least in theory, if not yet in practice.

4. Most health agencies have not had the staff, the facilities, or the other resources necessary to adequately train the auxiliary workers they have employed.

5. Generally, community health aides have been recruited from minority groups with low incomes and disadvantaged backgrounds. This

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points up special needs for training of both the aides and the professionals who will work with them.

These five conditions are the ones that prevail generally in health agencies according to the reports of health workers and of agencies that have trained and used aides in a variety of settings. And these conditions indicate the problems that must be considered in planning and conducting effective training. (For further information about how aides are used in various health programs, consult the selected annotated bibliography on page 766.)

Definition and Components of Training

Training is a planned and organized process which develops a person's ability to perform a function in order to achieve a goal. In this definition, training is synonymous with education. Both training and education are processes whereby learning experiences are planned which will develop specific knowledge, skills, and attitudes in the learner. From this definition, the main components of training can be identified.

1. *Training is planned and organized.* This description suggests that some time and effort have gone into thinking about the needs for training and that the objectives, methods, and desired results of the training have been identified. These efforts must then be translated into a written plan or blueprint for action. Organizing the trainees, the staff, the facilities, and the other resources is an essential part of implementing the plan.

2. *Training is a process.* This statement implies a series of activities or operations designed to accomplish a specific change or result. The length of this process will depend upon the result desired. Training generally continues over an extended period.

3. *Training develops ability.* In other words, training builds knowledge, skills, and attitudes. All three qualities are essential if a person is to accomplish something. Knowing how to do something, having the skill to do it, and also having the willingness, desire, and freedom to do it are three absolute requirements if a person is to perform well.

4. *Training contributes to goal attainment.* Training permits program objectives to be

achieved. The desired result is that trainees shall learn certain patterns of behavior in order to perform a job effectively. The implication is that specific objectives and specific performances of the job will have been clearly identified so that training can be planned and implemented toward these ends. The training, however, must be carried out at several levels to insure that the aides will be used effectively. In addition to the health aides, their supervisors, their trainers, and members of the agency's administrative staff will need training.

Training of Health Aides

The group most obviously in need of training, is, of course, the health aides themselves, and there are many types of training for this group. Some programs are called orientation, some inservice training, and some continuing education. The content varies with the agency, the trainees, and their jobs. But regardless of the name or kind of training, its purpose is to teach the aides certain job skills that are required or expected by the health agency. To provide the aides with the knowledge and skills needed for their jobs, the training sessions will need to be well planned and conducted. The components of the aides' training will naturally depend upon the specific duties and tasks that their jobs entail. Their duties may include communicating with consumers of health services, identifying personal or environmental health problems, assisting in personal health care, promoting good health habits, and performing general administrative tasks.

Communicate with consumers. Health aides who work directly with patients and consumers of health services must be able to communicate information about personal and environmental health conditions—information that will help create awareness and understanding and will lead the consumers to accept responsibility for, and to take appropriate action in, matters affecting their health. To reach the consumer, the aide will therefore need to learn how to establish a warm, trusting relationship and how to communicate on the consumer's level. For this kind of communication, the aide will need to be trained to talk to, listen to, and to understand the consumer on a one-to-one basis, to counsel persons and families, to conduct interviews, and

to interpret and translate directions or technical health information in acceptable and understandable terms.

The health aide who works with consumers may also need to know how to use health information materials—how to select a film, pamphlet, or other item for use with a specified target group, how to translate or adapt educational materials for a specific ethnic or foreign-language group, and how to arrange and show a health filmstrip or slides. He may also need to involve consumer groups in solving their health problems or in improving their living conditions by organizing group sessions, conducting group discussions and demonstrations, and stimulating members of different groups to participate in various health activities.

Identify health problems. Health aides are often required to identify personal or environmental health problems. They may learn of such problems by interviewing a patient in his home, by making an inspection in an environmental setting, or by performing specific tasks in a clinic or laboratory. For example, aides may need training to carry out laboratory testing procedures (such as a bacterial count or a urine test), training to obtain a urine specimen, or training in taking readings of temperature, pulse, and respiration. Aides may also need to learn how to prepare patients for testing, screening, and diagnosis and how to take routine medical histories. Aides who work in environmental health programs will need to know such things as how to obtain a water sample or how to follow up on routine consumer complaints.

Provide personal health care. Health aides who work in clinics or similar health care facilities will probably need training in how to make appointments or referrals, how to prepare patients and administer prescribed nursing care such as weighing and measuring infants, how to give first aid or home care, and how to assist with physical or occupational therapy.

Promote good health behavior. One of the most important parts of good health care is providing continuing support and assistance to enable health consumers to follow through with preventive or medical care and to develop positive and long-lasting health habits. Aides can provide this kind of valuable support if they are taught how to make routine checks on pa-

tients' revisits, how to send reminders, and how to make followup home visits. Skills in health education methods are also essential if the aide is to provide continuing health education through home visits and in meetings with organized groups and members of the general community.

General administrative duties. Persons who train aides often overlook the routine administrative tasks that are so important in adequately performing the health job. Training must be provided to prepare aides for tasks such as answering the telephone in a pleasant manner, writing accurate reports, and filing records. Equally important are those tasks which concern the planning, supervision, and evaluation of work activities. In this regard, aides must be taught how to make work plans, contribute to decisions made in staff meetings, and discuss grievances and problems with their supervisors.

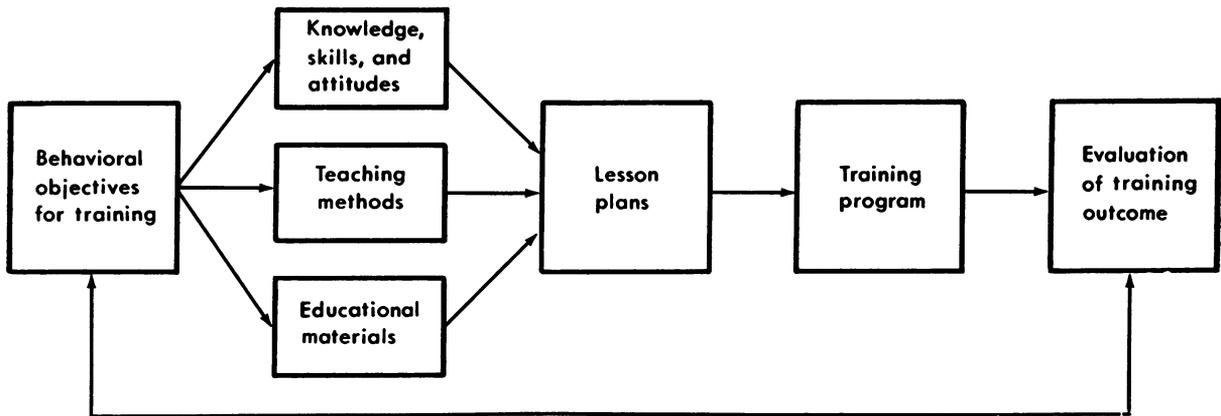
Perform basic education functions. Persons with little education (that is, generally less than the eighth grade level) who are employed as aides will probably need special training in the three R's. All health jobs require certain minimum abilities in reading, writing, speaking, and computing. Basic education will be required in how to read and comprehend, how to spell, write, and use words correctly in speaking and writing, and how to make basic mathematical computations, such as multiplying and dividing and using decimals and fractions.

Training of Supervisors

Professionals who supervise aides require special preparation. Because the use of auxiliary personnel is relatively new and most staff-level professionals have had little or no training or experience in supervising them, this special preparation is important. Nurses, physicians, sanitarians, health educators, and others must understand the unique role and function of aides, learn how to use them effectively, and provide them with guidance and support as needed.

Supervisors should comprehend the philosophy behind the use of auxiliary personnel and the new careers movement and understand the role of the aide as a health team member. They should understand the characteristics and culture of the aides and the groups they represent and be able to provide guidance in a helpful way,

Figure 1. Diagram of a training program for health aides



Behavioral Objectives for Training

Description of specific behaviors (stated in observable terms and under what conditions) which are required for carrying out health activities.

Knowledge, Skills, and Attitudes

Identification of the knowledge, skills, and attitudes the trainee requires to perform each behavioral objective.

Teaching Methods

Determination of the educational experiences and methods for imparting the desired knowledge, skills, and attitudes.

Educational Materials

Selection of the informational materials and visual aids to incorporate into the training program.

Lesson Plans

Development of the course content, teaching methods, and educational materials into unit-concept lessons.

Training Program

Programming and presentation of the lessons to the trainees in a meaningful order.

Evaluation of Training Outcome

Measurement of the student's achievement at the end of the course based upon the behavioral objectives for the training.

applying the techniques of good supervision and planning and evaluating activities with the aides.

Training the Trainers

One of the chief difficulties in preparing aides and professionals is the shortage of skilled staff to plan and conduct training programs. The shortage makes it essential that persons be designated such responsibility and have the skills to design and implement training programs for aides, supervisors, and other staff. Health educators, trainers of nurses, and other key staff members will probably need to be prepared to identify training needs and translate them into behavioral objectives, to design a training program based upon the activities required in a job, to determine appropriate educational meth-

ods and select effective teaching materials, to implement an effective training program (using appropriate agency and community resources to carry it out), and to evaluate the outcomes of a training program.

Training of Administrative Staff

Training is valuable also for the administrators and other professionals who have a responsibility for planning, evaluating, and otherwise directing the health aides. To obtain administrative support and adequate follow-through, all professional staff members in decision-making positions should be trained in the techniques and methods of program planning and evaluation. Such training should focus on the processes and steps required in effectively using auxiliary personnel. The training might

include formulation of specific health program objectives, identification of program activities and determination of those activities which can be performed by health aides, writing job descriptions and justifying positions for such personnel, evolving methods of recruiting and selecting auxiliary personnel, planning for adequate training and supervision, and devising techniques for evaluating the aides' work performance as it relates to the accomplishments of the program.

Technology of Training

Development of behavioral objectives. The first requirement in the planning of training is to describe the specific behavioral patterns the trainees need for performing the desired tasks. In the case of health aides, these patterns should relate to the tasks entailed by their jobs. Behavioral objectives must denote measurable attributes (fig. 1); otherwise, training cannot be effectively evaluated. The description of training objectives should include (a) the skills or abilities desired (not the means to develop them); (b) the conditions under which the student is expected to exhibit the patterns of behavior; and (c) the level or standard of performance that is considered acceptable. For example, a behavioral objective of a community health aide might be to be able to organize a group of mothers in a farm labor camp and demonstrate to them, in terms they can understand, how they can obtain, prepare, and serve

dried milk powder in a tasty, well-balanced diet on a poverty-level budget.

Identifying knowledge, skills, and attitudes. After the desired behavior has been described, the specific knowledge, skills, and attitudes required of the trainee should be identified since they will form the content and subject matter of the training. The training should include both the technical health content of the job and human relations and communication skills. For example, based on the behavioral objective for the community health aide stated in the preceding paragraph, the knowledge required of the aide would probably include (a) the principles of basic nutrition—components of the various food groups, (b) methods of food preparation, (c) the market cost of various foods, and (d) the availability of dried milk and other surplus foods. The skills required would probably be ability to communicate effectively with migrant workers and to conduct a demonstration on how to prepare a nutritious meal with surplus foods. The attitudes required of the aide would be the ability to relate in a warm, friendly way to the migrant mothers and to be able to accept different cultural beliefs and different food habits.

Determination of teaching methods. The educational experiences needed for teaching the desired knowledge, skills, and attitudes should be determined next, and these should be carefully planned so that they will relate to the specific outcomes desired. Emphasis should be

Figure 2. Concepts, methods, and materials for use in training community health aides to meet specified behavioral objectives in nutrition

Concepts	Methods	Materials
Principles of basic nutrition.	Classroom lecture with films and discussion.	Guide to good eating and film on nutrition.
How to conduct an effective demonstration.	Demonstrate the technique and have students set up and conduct food demonstration.	Dried milk powder, pots and pans, and facilities similar to those available to migrants.
How to communicate.	Discuss important factors in communication process. Have students play roles, one assuming role of demonstrator and the others the role of migrant women who are to be trained.	Visual aids and chalk board.

on using experiential and problem-solving situations to make the training real and meaningful. There are several excellent references on how to select and use appropriate teaching methods and materials (9-11).

Selection of educational materials. The educational materials for training, along with the teaching methods, should be selected carefully and integrated into the lessons. Available visual aids should be located and reviewed, and those that appear to be relevant to the subject matter and to the trainees should be used. For example, with the same behavioral objective as before, the concepts, methods, and materials would be those shown in figure 2.

Conduct of training program. The training program should be planned and carried out in the order which is most meaningful to the trainees. Sessions need to be oriented to the job for which the trainee is being prepared. Materials must be presented in doses that can be assimilated by the aides. The alternation of orientation or classroom sessions with field experiences will give the trainees an opportunity to try out what they have learned. Planned on-the-job training and periodic continued training should also be provided.

The resources of the health agencies and other community organizations may be used when appropriate. The staffs of health agencies have found experienced health aides helpful in planning and conducting training sessions for new aides. The experience of the aides and their ability to relate to, and communicate with, other aides have facilitated the learning process for new recruits.

The training needs to be planned and directed by a person who has adequate knowledge of learning principles and possesses skills in planning, conducting, and evaluating training programs. Usually public health educators are prepared to carry out this function; sometimes a trainer of nurses or other qualified persons are available. At any rate, a qualified person to assist in training should be sought, even from outside the professional staff of the project.

Results of Training

The effectiveness of training can be determined by measuring the students' achievement at the end of the course. If behavioral objectives

have been determined at the beginning of the program, they can serve as the criterion. The most meaningful results will be in the skills developed and the changes in behavior that have been achieved rather than in the facts or knowledge gained. Checklists for the evaluation of the trainees' performance at the end of the course will be easier to construct if adequate behavioral objectives were formulated in the beginning. Specific information on the development and use of instruments for evaluation is available (9-11).

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